

MEDIATION QUESTIONNAIRE

9th Circuit Case Number(s):	
District Court/Agency Case Number(s):	
District Court/Agency Location:	
Case Name:	
	v.
If District Court, docket entry number(s) of order(s) appealed from:	
Name of party/parties submitting this form:	

Briefly describe the result below and the main issues on appeal.

Describe any proceedings remaining below or any related proceedings in other tribunals.

Provide any other thoughts you would like to bring to the attention of the mediator.

Any party may provide additional information *in confidence* directly to the Circuit Mediation Office at ca09_mediation@ca9.uscourts.gov. Please provide the case name and Ninth Circuit case number in your message. Additional information might include interest in including this case in the mediation program, the case's settlement history, issues beyond the litigation that the parties might address in a settlement context, or future events that might affect the parties' willingness or ability to mediate the case.

CERTIFICATION OF COUNSEL

I certify that:

- ☐ a current service list with telephone and fax numbers and email addresses is attached (see 9th Circuit Rule 3-2).
- ☐ I understand that failure to provide the Court with a completed form and service list may result in sanctions, including dismissal of the appeal.

Signature

("s/" plus attorney name may be used in lieu of a manual signature on electronically-filed documents.)

Counsel for

Note: Use of the Appellate ECF system is mandatory for all attorneys filing in this Court, unless they are granted an exemption from using the system. **File this document electronically** in Appellate ECF by choosing Forms/Notices/Disclosure > File a Mediation Questionnaire.